

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>4160470</i>	FILING DATE
APPLICANT(S)	

CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						61			
2	/						62			
3	/						63			
4	/						64			
5	/						65			
6	/						66			
7	/						67			
8	1						68			
9	1						69			
10	1						70			
11	1						71			
12	1						72			
13	1						73			
14	1						74			
15	1						75			
16	1						76			
17	1						77			
18	1						78			
19	1						79			
20	1						80			
21	1						81			
22	1						82			
23	1						83			
24	1						84			
25	1						85			
26	1						86			
27	1						87			
28	1						88			
29	1						89			
30	1						90			
31							91			
32							92			
33							93			
34							94			
35							95			
36							96			
37							97			
38							98			
39							99			
40							100			
41							TOTAL IND.			
42							TOTAL DEP.			
43							TOTAL CLAIMS			
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	5									
TOTAL DEP.	25									
TOTAL CLAIMS	30									